care inspectorate

website: www.careinspectorate.com
telephone: 0345 600 9527
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Chief Executive: Karen Reid
Chair: Paul Edie

Recorded delivery

[redacted]
Countrywide Care Homes (3) Limited
Westcourt
Gelderd Road
Leeds
LS12 6DB

24 November 2016
2016347871
CS2013319182

Dear Madam

COMPLIANCE WITH IMPROVEMENT NOTICE

On 17 June 2016 you were served with an Improvement Notice in relation to Parksprings Care Home, Frood Street, Bellshill Road, Motherwell ML1 3TA, in terms of section 62 of the Public Services Reform (Scotland) Act 2010 ("the Act"). The Improvement Notice stated that unless there was a significant improvement in provision of the service, Social Care and Social Work Improvement Scotland (hereinafter referred to as "the Care Inspectorate") intended to make a proposal to cancel your registration. The Improvement Notice specified the nature of the improvements to be made, and the period within which they were to be made.

As there has been a significant improvement in the service, the Care Inspectorate has decided not to proceed to make a proposal to cancel the registration of the service. Our conclusions about the improvements made are noted below.

We carried out an unannounced inspection on 9 ,10 and 11 November 2016 as part of this inspection we followed up on the progress made in meeting the five requirements made within the Improvement notice issued on 17 June 2016. Details of the improvements made are listed below;

1. Personal Plans

By 14 November 2016 you must be able to demonstrate that in respect of each individual service user there is in place and is being implemented a personal plan which;

changes or damage to the skin. Where concerns had been noted staff ensured the appropriate pressure relieving equipment was in place and sought advice from external healthcare professionals. We looked at a wound care plan and could see from these records that the prescribed dressings were being applied at the frequency prescribed and evaluated to record any progress or deterioration.

We looked at diet and fluid charts, the documentation and recording in these had improved since the previous inspection and we discussed how these could be improved further. The charts were completed and up to date however by adding space for additional information this will allow staff to record snacks in between meals and provide subtotals throughout the day for fluid intake. The manager was receptive to this and the regional manager assured us this would be reviewed following the inspection.

We were satisfied with the progress that had been made and the improvements we saw in the standard of documentation we looked at. The quality assurance manager and manager recognise there is still work to be done to continue and sustain these improvements. This requirement has been met and we will continue to monitor how this progresses through the inspection process.

2. Staffing

The provider must ensure that at all times suitably qualified and competent persons are working in the service in such numbers as are appropriate to meet the health and welfare of service users.

(i) To ensure the needs of service users are being met at all times the provider must ensure an accurate review of each individuals dependency needs and are calculated depending on their changing healthcare needs. These calculations must be taken into account which may require an increase in staffing at given times.

(ii) Staff recording the dependency of each resident must receive training and have an understanding of the information they are required to record in order to provide an accurate assessment. These assessments must include the physical psychological and recreational needs and choices of each individual.

This is in order to comply with Regulation 15 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SS112011/210)

Some of the registered nursing staff who were responsible for completing the dependency assessments for each resident had received training on this. The

(i) Accurately reflects all the current health, welfare and safety needs of Individuals.

ii) Includes information about care and support interventions that is up to date and regularly evaluated.

(iii) Has a full range of risk assessment tools in place and includes a system to ensure that the outcome of the assessments are used to their full potential to inform care planning.

(iv) Maintain an accurate record of tissue viability, including an evaluation of the wound, correct frequency and changing of dressings.

(vii) Ensure nutritional and any additional healthcare monitoring charts accurately record the concern and intervention required.

This is in order to comply with Regulation 4(1)(a) and 5(2)(b) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SS112011/210).

We looked at care plans and found the content within these plans had improved since the previous inspection. The plans contained details of each person's medical history and healthcare needs. We looked at a plan for [redacted] There were now care plans in place for these which provided information on how to manage these effectively. We discussed with the manager the need to continue developing these and adding additional information in relation to the medical conditions, how these present and how staff should provide appropriate support to each individual. Six monthly reviews and been taking place and we could see staff used this opportunity to discuss the content of the care plan and provide an update on the residents current healthcare status to relatives/carers.

There was a range of risk assessments in place which included falls, nutrition and skin integrity. These identified the level of risk, interventions required and were being evaluated monthly to record any changes. Accidents/incidents, weights and skin integrity were included in the managers quality assurance overview which was shared with senior management. This ensured the manager was fully aware of any risks identified and how staff were managing these concerns appropriately. In addition to this the manager had introduced a resident at risk tool which identified residents who had experienced weight loss, pressure damage, infection or were subject to adult support and protection concerns. This provided information to the manager and ensured staff had the appropriate care plans in place and were taking positive action to manage these issues. Monthly assessments of skin integrity were being completed as well as body maps identifying the location and position of any

manager informed us there were plans to provide further training sessions to the remaining staff, in particular night staff. We looked at staff rotas and the staffing schedule issued by the Care Inspectorate. This schedule is calculated to ensure there are sufficient numbers of staff working when the home is at full occupancy. At the time of this inspection there were thirty-five vacancies, therefore there were times when the total number of staff was not complying with the schedule. We observed staff practice and took into account staff presence in the communal lounges and dining rooms. We saw staff in attendance in the communal lounges and staff assisting residents within the dining areas at mealtimes. We observed staff spending time speaking to residents and assisting people at their own pace.

We were satisfied with the progress made since the previous inspection, this requirement has been met.

3. Recruitment and fitness of employees

By 14 December 2016 you must demonstrate that suitable systems and procedures are in place to ensure all staff employed in the care service are fit to be employed. This must include ensuring a safe recruitment process has been undertaken prior to the commencement of employment of new staff within the service. The recruitment process must include;

(i) Undertaking professional registration checks with the relevant professional bodies to the particular post.
(ii) Obtaining written references to inform your decision about fitness from relevant sources, including the candidates most recent employer.
(iii) Obtain an explanation where there has been a gap in employment history.

This is in order to comply with Regulation 4(1)(a), 9 and 15 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SS112011/210).

We looked at recruitment files of staff employed since the previous inspection which we completed in May 2016.
The files we looked at contained details of previous employment history as well as satisfactory safety checks which included references from the most recent employer. There was evidence of Protection of Vulnerable Groups checks as well as checks of staffs' current registration details with their relevant regulatory body. The manager had an overview of all staffs registration details and dates of expiry to ensure they all remained registered and fit to practice.

This requirement has been met.

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4. Medication Management

By 14 November 2016 you must ensure that;

(i) Ensure medications are administered as instructed by the prescriber. Staff must inform the prescriber of omissions.

(ii) The provider must ensure that staff are aware of their professional accountability when administering medication, have attended training, are competent, fully up to date and aware of their legal responsibilities when administering medication. All records must be completed, signed and dated with changes referenced to the prescriber

This is in order to comply with Regulation 4(1)(a) and 15 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SS112011/210).

The Health Improvement Advisor – Pharmacy from the Care Inspectorate reviewed the management and recording of medications at this inspection. All staff responsible for administering medication had received training and support from the Care Inspectorate and local pharmacy. The quality manager had introduced an audit to identify any gaps within the Medication Administration Records (MAR). We noted an improvement in these records. Not all as required medication provided an outcome to demonstrate its effectiveness; this was discussed with the manager who assured us this would continue to be reviewed. The quality manager had introduced a 'practice bundle'. This had had a positive impact on the standard of staffs recording of handwritten entries to the MAR charts, however there was still room for improvement with this which we discussed with the manager. Where medication had been missed or refused there was evidence in some of the records that staff were returning with the medication and offering it to the resident again.

We were satisfied with the progress made to date in the standard of recording within the (MAR) charts, however there is still room for improvement which was discussed with the quality manager and manager. We will continue to monitor this through the inspection process.

5. Living with life limiting conditions

By the 14 November 2016 you must ensure that;

(i) All staff receive end of life training encompassing personal values relating to human rights and the right to be treated with dignity and compassion

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This is in order to comply with Regulation 15 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SS112011/210).

The Health Improvement Advisor for the Care Inspectorate reviewed end of life care at this inspection.

The service were currently working in partnership with the Care Home Liaison team who were piloting new documentation to support end of life care. We spoke to the Care Home Liaison team who assured us that the service were using the documentation appropriately resulting in improved outcomes for residents and families. The care plans we sampled for end of life care contained information on Do Not Attempt CardioPulmonary Resuscitation, had anticipatory care plans as well as who had the legal right to make a decision on the persons behalf. We could see good communication records between staff and families. There was evidence that staff had shown families the end of life plan and explained the purpose of its use. We could see where medication or a syringe pump had been used to alleviate pain/distress this had been explained to the family. There was evidence of multidisciplinary reviews and ongoing assessment from staff in the home. Staff had attended training on Anticipatory Care Planning, the use of just in case medication, end of life care, and verification of death.

We were satisfied with the progress made with this requirement and will continue to monitor this through the inspection process. This requirement has been met.

A copy of this notice has been sent to the local authority within whose area the service is provided.

The Improvement Notice dated 17/6/2016 is no longer in force.

Yours faithfully

[redacted]

Liz McPake
Direct: [redacted]
Email: liz.mcpake@careinspectorate.com

cc: [redacted] Head of Quality Assurance North Lanarkshire